|   |  |                                  |                                      |                              |                            |                  |       | _ A                 | Application or Docket Number |         |                     |                 |  |
|---|--|----------------------------------|--------------------------------------|------------------------------|----------------------------|------------------|-------|---------------------|------------------------------|---------|---------------------|-----------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  |  |                                  |                                      |                              |                            |                  |       | 10620 755           |                              |         |                     |                 |  |
| Effective January 1, 2003   |  |                                  |                                      |                              |                            |                  |       | 130 275             |                              |         |                     |                 |  |
| CLAIMS AS FILED - PART I  |  |                                  |                                      |                              |                            |                  |       | SMALL E             | NTITY                        |         | OTHER               | THAN            |  |
|   | TAL OLANIE                                     |                                  | (Column                              | 1)                           | (Column 2)                 |                  |       | TYPE [              |                              | OR      | SMALL               | ENTITY          |  |
| TOTAL CLAIMS  |  |                                  | 77                                   |                              |                            |                  |       | RATE                | FEE                          |         | RATE                | FEE             |  |
| FOR   |  |                                  | NUMBER FILED                         |                              | NUMBER EXTRA               |                  |       | BASIC FEE           | 375.00                       | OR      | BASIC FEE           | 750.00          |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | 72 minus 20=                         |                              | • 52                       |                  |       | X\$ 9=              |                              | OR      | X\$18=              | 936             |  |
| INDEPENDENT CLAIMS  |  |                                  | / minus 3 =                          |                              | . 5                        |                  |       | X42=                |                              | OR      | X84=                | 420             |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                     | RESENT                               |                              |                            |                  |       | +140=               | <u> </u>                     |         | +280=               | 47.             |  |
| • H   | the difference                                 | in column 1 is                   | ess than zero, enter "0" in column 2 |                              |                            |                  |       |                     |                              | OR      |                     | 24.5            |  |
| 1 1   |  |                                  |                                      |                              |                            |                  |       | TOTAL               |                              | OR      | TOTAL               | 2106            |  |
| . (   | 9 12 6 Column 1) (Column 2) (Column 3)         |                                  |                                      |                              |                            |                  |       | SMALL               | ENTITY                       | OR      | OTHER<br>SMALL      |                 |  |
|   |  | CLASMS<br>REMAINING              |                                      | HIGH                         | EST                        | PRESENT          | 1     |                     | ADDI-                        | .       |                     | ADDI-           |  |
| AMENDMENT A   |  | AFTER<br>AMENDMENT               |                                      | PREVIO                       | DUSLY                      | EXTRA            |       | RASSE               | TIONAL                       |         | RATE                | TIONAL<br>FEE   |  |
|   | Total  | · 7.2                            | Minus .                              | ** /                         | 72                         |                  |       | X\$ 9=              | 1                            | OR      | X\$18=              | 755             |  |
|   | Independent                                    | • 0                              | Minus                                | ***                          | 8                          | . ~              |       | X42=                |                              |         | X84=                |                 |  |
| 4   | FIRST PRESE                                    | NTATION OF MI                    | JLTIPLE DEF                          | ENDEN                        | CLAIM                      |                  |       | 745                 |                              | OR      | Yest-               |                 |  |
|   |  |                                  |                                      |                              |                            |                  |       | +140=               | <u> </u>                     | OR      | +280=               |                 |  |
|   | 1-111  | S) a                             |                                      |                              |                            |                  |       | YOTAL<br>ADDIT, FEE |                              | OR      | TOTAL<br>ADDIT, FEE |                 |  |
| Column 2) (Column 3)  |  |                                  |                                      |                              |                            |                  |       |                     |                              |         |                     |                 |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT |                                      | HIGH<br>NUM<br>PREVK<br>PAID | BER                        | PRESENT<br>EXTRA |       |                     | ADDI-                        |         |                     | ADDI-           |  |
|   | _  |                                  |                                      |                              |                            |                  |       | RATE                | TIONAL<br>FEE                |         | RATE                | TIONAL<br>FEE   |  |
|   | Total  | . 72                             | Minus                                | #70                          | 3                          | -71              |       | X\$ 9=              |                              | OR      | X\$18=              |                 |  |
|   | Independent                                    | · 8                              | Minus                                | 2                            | <u> </u>                   | <u>-Ψ</u>        |       | X42=                |                              | OR      | X84=                |                 |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                      |                              |                            |                  | ı     | 1140-               |                              |         | +280=               |                 |  |
|   |  |                                  |                                      |                              |                            |                  |       | +140=               |                              | OR      | 1200=               |                 |  |
|   |  |                                  |                                      |                              |                            |                  |       | ADDIT. FEE          |                              | OR      | ADDIT. FEE          |                 |  |
|   |  | (Column 1)<br>CLAMS              |                                      |                              |                            |                  |       |                     |                              |         |                     |                 |  |
| AMENDMENT C   |  | REMAINING<br>AFTER               |                                      | HIGH<br>NUM<br>PREVI         | BER                        | PRESENT<br>EXTRA | Н     | RATE                | ADDI-<br>TIONAL              |         | RATE                | ADDI-<br>TIONAL |  |
|   |  | AMENDMENT                        |                                      | PAID                         |                            | Sim              | 11    |                     | FEE                          |         |                     | FEE             |  |
| Ş   | Total  | •                                | Minus                                |                              |                            | =                |       | X\$ 9=              |                              | OR      | X\$18=              |                 |  |
| M   | Independent                                    | •                                | Minus                                | ***                          |                            | <u> </u>         | 11    | X42=                |                              | OR      | X84=                |                 |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                      |                              |                            |                  |       |                     |                              |         | 253                 |                 |  |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |                                  |                                      |                              |                            |                  |       |                     |                              |         |                     |                 |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  OR  ADDIT, FEE  OR  OR  OR  OR  OR  OR  OR  OR  OR |  |                                  |                                      |                              |                            |                  |       |                     |                              |         |                     |                 |  |
|   | The "Highest Nur                               | nber Previously Pai              | id For" (Total o                     | r Independ                   | eug) ge gas<br>and se (pue | highest numbe    | er fo | and in the ap       | propriate ba                 | x in cc | Lumn 1.             |                 |  |